



LEWIS & CLARK CITY-COUNTY  
**Health Department**

1930 9<sup>th</sup> Avenue  
Helena, MT 59601  
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**PUBLIC ACCOMMODATION  
PLAN REVIEW APPLICATION**

Plan Review Application Fee \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

**Name of establishment:** \_\_\_\_\_

**Address of establishment:** \_\_\_\_\_

**Phone number of establishment (If available):** \_\_\_\_\_

\_\_\_\_\_  
(Name of owner)

\_\_\_\_\_  
(Mailing address)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(FAX)

\_\_\_\_\_  
(Applicant name and title)

\_\_\_\_\_  
(Mailing address)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(FAX)

Projected date for start of project: \_\_\_\_\_ Completion of project: \_\_\_\_\_

Total square footage of facility: \_\_\_\_\_ Number of floors on which operations are conducted: \_\_\_\_\_

Number of Guest Rooms: \_\_\_\_\_ Maximum occupancy: \_\_\_\_\_

Is operation seasonal? ☐ Yes ☐ No

If yes, what months will you be operating? \_\_\_\_\_

Type of service: ☐ **Hotel** ☐ **Bed & Breakfast** ☐ **Restaurant**  
(Check all that apply) ☐ **Motel** ☐ **Boardinghouse** ☐ **Caterer**  
☐ **Tourist Home** ☐ **Roominghouse** ☐ **Pool/spa**

**Note:** Pool/spa, Restaurant, Catering will require additional review.

**Water supply:**

1. Is water supply: ☐ **Public** ☐ **Private** Public Water Supply ID# \_\_\_\_\_

If private, **submit non-public water construction and use application.**

2. Is there a water treatment device (i.e. water filter, softener, etc)? ☐ YES ☐ NO

Please provide specification sheets for any water treatment device used.

If yes, how will the device be inspected and serviced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Sewage disposal:**

1. Is building connected to a municipal sewer? ☐ YES ☐ NO

If no, **submit non-public wastewater system construction and use application** for review and approval your proposed operation.

### **Laundry:**

1. Will laundry be done: ☐ On-site or ☐ Off-site under contract with: \_\_\_\_\_  
2. Please describe process to maintain separation between clean and dirty laundry. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there a designated handsink in the laundry room equipped with hot and cold running water, and soap and paper towels in dispensers? ☐ YES ☐ NO  
4. Is the wash water temperature at least 130° F for washing linens and towels provided to guests? ☐ YES ☐ NO  
5. Is a heated dry cycle used for linens and towels provided to guests? ☐ YES ☐ NO  
6. Is guest laundry provided? ☐ YES ☐ NO

### **Food/Vending Machines:**

1. Will breakfast or other meals be provided? ☐ YES ☐ NO

If yes, please include plan review application for food service.

2. Will the food facility be open to other than registered guests? ☐ YES ☐ NO

If yes, a food establishment application and separate licensing will be required.

3. Will there be an ice machine available to the public? ☐ YES ☐ NO

If yes, the ice machine must have an automatic dispenser, an indirect connection to the sewer and a cleaning and maintenance schedule.

4. Will there be glassware/ice buckets in the rooms? ☐ YES ☐ NO

If yes, provide written description of washing and sanitizing of utensils. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pool/spa:**

1. Will a pool or spa be provided for guest use? ☐ YES ☐ NO

If yes, a plan must be submitted for review and approval. Household spas will not be approved.

**Garbage & refuse (*outside*):**

1. Will a dumpster be used? ☐ YES ☐ NO

Number of containers: \_\_\_\_\_ Size: \_\_\_\_\_

Frequency of pickup: \_\_\_\_\_

Contractor: \_\_\_\_\_

**Please enclose the following:**

1. Provide plans that are a minimum of 11 x 14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include on plans, auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage, laundry or housekeeping activities.
3. Provide a site plan showing location of location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system).
4. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
5. If food service is planned, provide the proposed menu.
6. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
7. Show the location of all equipment, plumbing, electrical services, and mechanical ventilation. Each piece of equipment must be clearly labeled on the plan with its common name.

Attachments: ☐ Non-Public Water and Wastewater System Construction and Use Application

☐ Menu

☐ Specification Sheets (refrigerators, ice machines, etc)

☐ Spa & Pool plans

☐ Food facility plans

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**I hereby certify that the information I have supplied is correct, and I fully understand that any deviation from the given information without prior permission from this health regulatory office may nullify final approval.**

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) or responsible representative(s)